RECEIVED
CENTRAL FAX CENTER
JAN 1 2 2009

RAYMOND A. JOAO, ESQ.
122 BELLEVUE PLACE
YONKERS, NEW YORK 10703
(914) 969-2992

FAX COVER SHEET

To: The United States Patent and Trademark Office

From: Raymond A. Joao, Esq.

Date: January 10, 2009

Fax No.: 571-273-8300

No. Pages: 38 (including cover)

Re: AMENDMENT AND RESPONSE TO OFFICE ACTION - U.S. Patent Application Serial No. 10/045,080

To Whom It May Concern:

Please find transmitted herewith an AMENDMENT AND RESPONSE TO OFFICE ACTION for filing in the above-identified application.

Respectfully Submitted,

Raymond A. Joao
Reg. No. 35,907

RECEIVED
CENTRAL FAX CENTER
JAN 12 2009

I hereby certify that this correspondence is being transmitted via facsimile transmission to the United States Patent and Trademark Office at 571-273-8300 on January 10, 2009.

Raymond A. Joao

RJ470

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 10/045,080

FILED : JANUARY 15, 2002

FOR : APPARATUS AND METHOD FOR PROVIDING TRANSACTION HISTORY INFORMATION, ACCOUNT HISTORY INFORMATION, AND/OR CHARGE-BACK INFORMATION

EXAMINER : A. RUDY

GROUP : 3687

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

This is an Amendment and Response to Office Action in response to the Office Action, dated November 28, 2008, wherein the Examiner rejected Claims 43-62 in view of a prior art reference.

01/12/2009 HMARZI1 00000039 10045080
01 FC:2202 260.00 OP

RECEIVED
CENTRAL FAX CENTER
JAN 1 2 2009

Based on the following Amendments and Remarks, the application is deemed to be in condition for allowance and action to that end is respectfully requested.

Please amend the application as follows:

PAGE 3/38 * RCVD AT 1/10/2009 10:36:29 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/37 * DNIS:2738300 * CSID:914 969 2992 * DURATION (mm-ss):03-56

RECEIVED
CENTRAL FAX CENTER
JAN 1 2 2009

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2009

[XX] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 260.00

Complete if Known	
Application Number	10/045,080
Filing Date	JANUARY 15, 2002
First Named Inventor	RAYMOND A. JOAO
Examiner Name	A. RUDY
Art Unit	3687
Attorney Docket No.	RJ470

METHOD OF PAYMENT (check all that apply)

[ ] Check [XX] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[ ] Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below [ ] Charge fee(s) indicated below, **except for the filing fee**

[ ] Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 [ ] Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims		Extra Claims	Fee ($)	Fee Paid ($)
30	- 20 or HP =	10	x $26.00 =	$260.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims		Extra Claims	Fee ($)	Fee Paid ($)
	- 3 or HP =		x =	

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims — Fee ($): _____ Fee Paid ($): _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
	- 100 =		/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): _____	

SUBMITTED BY

Signature	[signature]	Registration No. (Attorney/Agent) 35,907	Telephone 914-969-2992
Name (Print/Type)	RAYMOND A. JOAO		Date 1/10/09

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER
JAN 12 2009

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2009

[XX] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 260.00

Complete if Known	
Application Number	10/045,080
Filing Date	JANUARY 15, 2002
First Named Inventor	RAYMOND A. JOAO
Examiner Name	A. RUDY
Art Unit	3687
Attorney Docket No.	RJ470

METHOD OF PAYMENT (check all that apply)

[ ] Check [XX] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[ ] Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below [ ] Charge fee(s) indicated below, except for the filing fee

[ ] Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 [ ] Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims		Extra Claims	Fee ($)	Fee Paid ($)
30	- 20 or HP =	10	x $26.00	= $260.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims		Extra Claims	Fee ($)	Fee Paid ($)
	- 3 or HP =		x	=

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee ($)	Fee Paid ($)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee ($)		Fee Paid ($)
	- 100 =		/ 50 =		(round up to a whole number) x		=	

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): _____	

SUBMITTED BY

Signature	[signature]	Registration No. (Attorney/Agent) 35,907	Telephone 914-969-2992
Name (Print/Type)	RAYMOND A. JOAO		Date 1/10/09

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.